



KING COUNTY  
Healthcare  
Coalition

Prepare. Respond. Recover.

# Business Resiliency Workbook for Healthcare Providers

WORKBOOK 2008

## Acknowledgements

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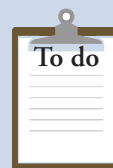
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Section needs to be filled out.



Section is part of a plan.



Section requires an action.



Idea or tip.

Disasters can happen anytime, anywhere, and often without warning. In a major emergency you may find yourself, your family, and your organization on its own, without the assistance of police, fire, or other healthcare providers for several days. Moreover, the people you serve may need your assistance more than ever. For these reasons, making emergency preparedness part of your healthcare organization's work plan is critical.

## Make your organization resilient. Make a plan. Test your plan.

The King County Healthcare Coalition Business Resiliency Workbook for Healthcare Providers is designed to assist you in drafting an emergency operations plan that will protect your business, your employees, and the people you serve in the event of a disaster. This workbook was developed with a focus on non-hospital healthcare providers such as nursing homes, behavioral health clinics, adult family homes and community health clinics—keeping in mind the unique challenges you face.

Once you have completed your emergency operations plan, we recommend that you review and test it every six months to ensure that it is realistic, accurate, and operational. To help you keep your organization's plan current, you will find a tracking form at the end of the workbook.

Congratulations for taking on the vital work of increasing the resiliency of our healthcare system in the face of disaster. The community thanks you for it!

According to the American Red Cross, almost 40% of small businesses that close due to a disaster event never re-open.

According to the Small Business Administration, 52% of all companies will go out of business as the result of a major disaster.



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# ESSENTIAL SERVICES & CRITICAL FUNCTIONS

## STANDARD

- Essential functions and services are identified.
- The process for developing the emergency operations plan is participatory and utilizes input from staffers, stakeholders, and partners.

## INDICATOR

- Agencies have thoroughly assessed their services, client, community needs, and internal capacities.
- Staff, stakeholder, and partner participation in developing the emergency operations plan is encouraged.
- Key vendors are identified.
- Resources are prioritized for procurement.

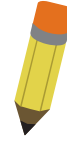




## ESSENTIAL SERVICES & CRITICAL FUNCTIONS

A good first step in creating an emergency operations plan is to define your organization's priorities. Clear priorities are essential if you are going to make the best decisions for your organization.

**Step 1** Complete the questions below with appropriate staff and key stakeholders.



**1** List the primary services you will continue to provide during an emergency.

- \_\_\_\_\_
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**2** What are the predictable needs of the people you serve in an emergency?

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- \_\_\_\_\_

## ESSENTIAL SERVICES & CRITICAL FUNCTIONS

- \_\_\_\_\_
- \_\_\_\_\_

**3** Will the needs of the people you serve require you to expand services in the aftermath of a disaster? ☐ Yes ☐ No

If yes, explain:

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**4** What are the critical material resources necessary to maintain these services (e.g., medical supplies, pharmaceuticals, linens, vehicles)?

- \_\_\_\_\_
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## ESSENTIAL SERVICES & CRITICAL FUNCTIONS

- 5 List primary and back-up vendors who supply critical material resources to your facility. Contact vendors to discuss
- their plan for ensuring delivery of supplies in a disaster
  - whether they have a priority system for deciding which customer receives critical resources in a disaster.

[illegible]

## ESSENTIAL SERVICES & CRITICAL FUNCTIONS



**Step 2** To ensure staff members understand the impact an emergency can have on the work you do, develop a policy that ensures staff are regularly updated.

You may want to share the information you have developed in Step 1 at new employee orientations, annual staff meetings, via staff newsletters, etc.

Insert policy here:

[illegible]

### Step 3 Incorporate information from this section into your written emergency operations plan.

# PERSONNEL

## STANDARD

- Staff and volunteers are personally prepared.

## INDICATOR

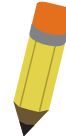
- Personal preparedness trainings and information are routinely available to staff and volunteers.
- There is a system in place to train new staff and volunteers in principles of personal preparedness.
- Ensure all staff receive personal emergency preparedness training.



## PERSONNEL

Your staff are your most critical resource in an emergency. Make sure they are mentally, physically, and emotionally prepared to respond. Remember, if staff feel safe, they are more likely to report to work. Let your staff know that their physical and emotional safety needs on the job are being considered and that plans are being made to protect them.

### Step 1 Complete the questions below with appropriate staff and key stakeholders.



1 What are the predictable needs of your staff in an emergency?

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
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- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

2 What steps have you taken to ensure staff and volunteers are physically protected at work from hazards such as contagious outbreaks (for example, pandemic flu) or toxic exposures?

Purchase of Personal Protection Equipment (PPE)? ☐ Yes ☐ No

If yes, indicate PPE items purchased:

- |  |                |
|--|----------------|
| <input type="checkbox"/> N95 masks       | Quantity _____ |
| <input type="checkbox"/> Hand sanitizer  | Quantity _____ |
| <input type="checkbox"/> Latex gloves    | Quantity _____ |
| <input type="checkbox"/> Isolation gowns | Quantity _____ |
| <input type="checkbox"/> Goggles         | Quantity _____ |

## PERSONNEL

☐ Other \_\_\_\_\_ Quantity \_\_\_\_\_

☐ Other \_\_\_\_\_ Quantity \_\_\_\_\_

Placed PPE in disaster supply caches? ☐ Yes ☐ No

Placed PPE in vehicles used for business? ☐ Yes ☐ No

Train all staff and volunteers on proper use of PPE? ☐ Yes ☐ No

Have you taken any other steps? ☐ Yes ☐ No

If yes, please list:

•

•

•

•

•

- 3** Your organization will want to ensure that staff members have an opportunity to check on their family members and homes as soon as possible following a disaster.

What steps has your organization taken to help employees who are working check on their families and homes within a reasonable timeframe?

Steps completed

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•

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Are there additional steps that your organization could take?

Steps to be completed

- \_\_\_\_\_
- \_\_\_\_\_
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- 4 Employees who have personal or family emergency plans in place are more likely to be able to cope with a disaster independently and more likely to be available to report to work quickly.

What steps has your organization taken to assist employees to develop a family or home emergency plan?

Steps completed

- \_\_\_\_\_
- \_\_\_\_\_
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## PERSONNEL

Are there additional steps that your organization could take?

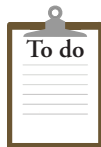
Steps to be completed

- 
- 
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**Step 2** Develop a plan to complete the “to be completed” tasks identified above.

Task	Assigned to	Date completed
1.		
2.		
3.		
4.		
5.		
6.		



**Step 3** Incorporate this information into your written emergency operations plan.

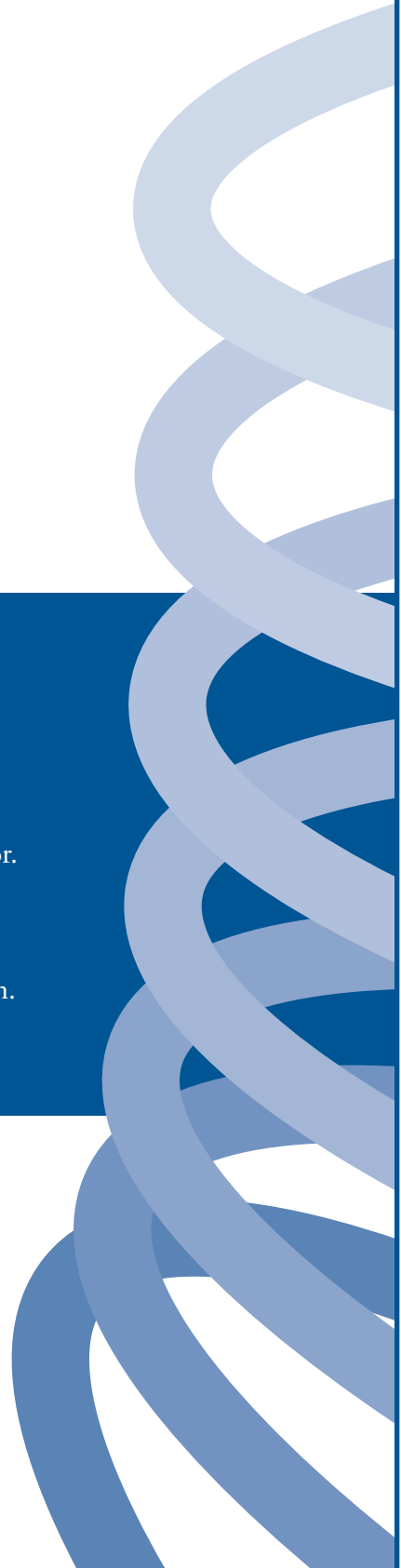
# SURGE CAPACITY

## STANDARD

- Impact of a surge in need for services is identified and planned for.

## INDICATOR

- Emergency staffing plan is included in emergency operations plan.
- Mutual aid agreements are in place with partner organizations.





## SURGE CAPACITY

In the event of an emergency, your organization may experience a sudden increase in people seeking your services, both from the people you typically serve and from other community members in your vicinity.

### Step 1 Answer the questions below with appropriate staff and key stakeholders.



- 1 What are your organization's staffing requirements in a post-disaster situation?

Number of **clinical staff** you will need to continue operating if disaster strikes during the **daytime** \_\_\_\_\_

Number of **administrative staff** for a **daytime** event \_\_\_\_\_

Number of **clinical staff** you will need to continue operating if disaster strikes during the **night** \_\_\_\_\_

Number of **administrative staff** for a **nighttime** event \_\_\_\_\_

Number of **clinical staff** you will need to continue operation if disaster strikes on a **weekend** \_\_\_\_\_

Number of **administrative staff** for a **weekend** event \_\_\_\_\_

- 2 Does your facility have a plan to bring in additional ☐ Yes ☐ No clinical and administrative staff in the event of a significant surge in demand for your services?

If yes, describe:

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## SURGE CAPACITY

- 3 If you are a medical care provider, will you ☐ Yes ☐ No ☐ NA  
serve walk-in clients?

If yes, list the impacts a sudden surge of walk-in clients will have on your organization:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
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- \_\_\_\_\_
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- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

- 4 Who in your organization is in charge of volunteers during an emergency?

Primary person (name) \_\_\_\_\_

Secondary person (name) \_\_\_\_\_

- 5 Are your current volunteers appropriate for disaster-related work? ☐ Yes ☐ No

If yes, list the tasks and activities that will be assigned to volunteers in the event of an emergency:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
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**6** What important activities can be assigned to spontaneous volunteers?

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- 

7 Do you have a procedure for checking the credentials and qualifications of spontaneous volunteers? ☐ Yes ☐ No

If yes, describe:

[illegible]

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- 8

If yes, who is responsible for completing the criminal background check process?

Primary person (name) \_\_\_\_\_

Secondary person (name) \_\_\_\_\_



## SURGE CAPACITY

9 What tasks and activities **should not** be assigned to spontaneous volunteers?

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
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- \_\_\_\_\_
- \_\_\_\_\_

10 Do you have mutual aid agreements with other providers in the region? ☐ Yes ☐ No

If yes, describe:

Name of provider	Type of aid	Verbal or written agreement

**Step 2** Incorporate this information into your written emergency operations plan.





# INCIDENT COMMAND SYSTEM (ICS)

## STANDARD

- Staff roles and responsibilities are assigned using the Incident Command System (ICS).

## INDICATOR

- Work is prioritized, managed by objective, and coordinated by strengths/expertise.
- There is little or no duplication in activities.



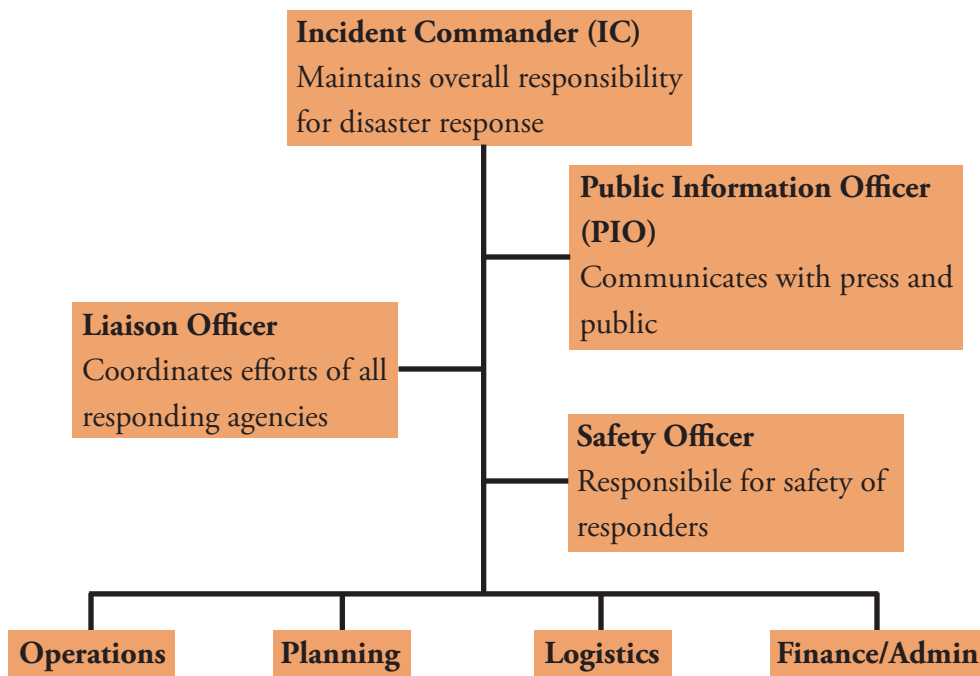


# INCIDENT COMMAND SYSTEM (ICS)

ICS was developed in the 1970s following a series of catastrophic fires in urban California. Property damage ran into the millions, and many people died or were injured. The personnel assigned to determine the causes of this disaster studied the case histories and discovered that response problems could rarely be attributed to lack of resources or failure of tactics. Surprisingly, studies found that response problems were far more likely to result from inadequate management than from any other single cause.

With so much at stake in an emergency, effectively managing your response efforts is vital. ICS benefits your organization by providing a structure that allows you to

- organize your team to manage any situation
- speak the language of professional emergency responders (which makes your organization much easier to assist)
- increase your ability to prevent injury, loss of life, and loss of property by ensuring clear accountabilities.



(Remember F.L.O.P.: Finance, Logistics, Operations, Planning)

## **Incident Commander:**

Leads the response; appoints and empowers team leaders; sets the tone and standards for response; and approves the action plan. Encourages teamwork and communication.

## **Public Information Officer:**

Works with the media and distributes messages to the public and local community.

**Safety Officer:** Focuses on the safety of all people responding to the incident.

**Liaison Officer:** Coordinates efforts of responding agencies.

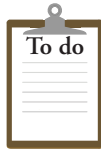
**Operations Team:** Performs key actions such as administering first aid, search and rescue, fire suppression, and securing the site.

**Planning Team:** Gathers information, creates action plan, and provides team members up-to-date information.

**Logistics Team:** Finds, distributes, and stores all necessary resources (supplies and people) to respond appropriately.

**Finance:** Tracks all expenses, claims and activities; keeps records of the incident.

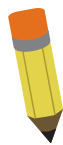
# INCIDENT COMMAND SYSTEM (ICS)



## Step 1 Assign key staff to complete FEMA online courses ICS 100 & 200.

Note: Operating under ICS in a response is a requirement of the Joint Commission.

Staff member	Date course completed	
	ICS 100	ICS 200
Chief Executive Officer/Executive Director		
Medical Director		
Clinic Manager		
Nurse Manager		
Clinical Director		
Facilities Manager		
Human Resource Director		
Board President/Chair		
Chief Operation Officer		
Information Technology Manager		
Chief Financial Officer/Controller		
Volunteer Manager		
Other		
Other		



## Step 2 Complete the following worksheet.

Considering who might do well at certain functions is an excellent way to get people used to the idea of operating under ICS. But be careful: You never know who will be part of your disaster response team, so be prepared to assign roles as they are needed.

# INCIDENT COMMAND SYSTEM (ICS)

## Primary

### Incident Commander

Name \_\_\_\_\_

Phone \_\_\_\_\_

Alt. Phone \_\_\_\_\_

## Secondary

Name \_\_\_\_\_

Phone \_\_\_\_\_

Alt. Phone \_\_\_\_\_

### Operations Officer

Name \_\_\_\_\_

Phone \_\_\_\_\_

Alt. Phone \_\_\_\_\_

### Planning Officer

Name \_\_\_\_\_

Phone \_\_\_\_\_

Alt. Phone \_\_\_\_\_

### Logistics Officer

Name \_\_\_\_\_

Phone \_\_\_\_\_

Alt. Phone \_\_\_\_\_

### Finance Officer

Name \_\_\_\_\_

Phone \_\_\_\_\_

Alt. Phone \_\_\_\_\_

### Safety Officer

Name \_\_\_\_\_

Phone \_\_\_\_\_

Alt. Phone \_\_\_\_\_

# INCIDENT COMMAND SYSTEM (ICS)

**Primary**

**Secondary**

**Public Information Officer**

Name \_\_\_\_\_ Name \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

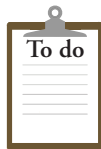
Alt. Phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_

**Liaison Officer**

Name \_\_\_\_\_ Name \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

Alt. Phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_



**Step 3** Test aspects of ICS each time you conduct a drill or exercise.



# EMERGENCY SUPPLY CACHES

## STANDARD

- Food, water, and sanitation supplies are easily accessible.
- All staff and volunteers know where emergency supplies are located.

## INDICATOR

- Estimates for number of staff and clients likely to be present at given times have been made for all programs.
- Supplies are matched to maximum number.
- Roles and responsibilities for sheltering-in-place are established.





# EMERGENCY SUPPLY CACHES

Make sure your organization has enough preparedness supplies available. A critical step in ensuring your organization is taking care of employees and the people you serve is to create and regularly maintain an onsite cache of emergency preparedness supplies. The exact contents will depend on the size and diversity of your staff, volunteers, clients, and potential visitors.

## Step 1 Estimate amount of food and water you will need.

What is the maximum number of people likely to be present at your site in a disaster?

People you serve \_\_\_\_\_

Visitors \_\_\_\_\_

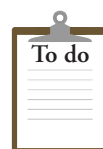
Staff and volunteers \_\_\_\_\_



## Step 2 Purchase supplies from list below, including food and water, based on estimates from Step 1.

## Step 3 Store supplies in multiple locations so if one cache becomes unusable or unreachable, you will still have options.

- |  |  |
|--|--|
| <input type="checkbox"/> Nonperishable food (three day supply per person)    | <input type="checkbox"/> Tools (gas/water shut-off wrench, crowbar, hammer)              |
| <input type="checkbox"/> Water (one gallon per person/day, three day supply) | <input type="checkbox"/> Personal hygiene supplies (toilet paper, tampons, soap, towels) |
| <input type="checkbox"/> First Aid supplies                                  | <input type="checkbox"/> Duct tape   |
| <input type="checkbox"/> Flashlights   | <input type="checkbox"/> Camera (disposable)   |
| <input type="checkbox"/> Light sticks  | <input type="checkbox"/> Paper plates and napkins  |
| <input type="checkbox"/> Batteries   | <input type="checkbox"/> Eye protection  |
| <input type="checkbox"/> NOAA weather radio                                  | <input type="checkbox"/> Dust masks  |
| <input type="checkbox"/> Whistles  | <input type="checkbox"/> Plastic bucket with tight lid                                   |
| <input type="checkbox"/> Blankets  | <input type="checkbox"/> Garbage bags  |
| <input type="checkbox"/> Walkie-Talkies (battery operated)                   | <input type="checkbox"/> Work gloves   |
| <input type="checkbox"/> AM/FM radio (crank or battery operated)             | <input type="checkbox"/> Plastic sheeting  |
|  | <input type="checkbox"/> Weatherproof matches  |



Large, plastic storage bins with wheels are often ideal for storing supplies. Caution: A too-heavy supply cache could cause injury, so make sure to not overload your storage bins.

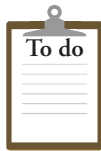
## EMERGENCY SUPPLY CACHES



### **Step 4** Develop and implement a plan to keep supplies updated—add it to your emergency operations plan.

One way to do this is to designate a specific staff position that is responsible for rotating out supplies on a quarterly basis.

Perishable supplies, such as food and water, need to be replaced regularly. Plan to eat supplies while they are good, but remember to put new ones back in the cache. Additional supplies to be rotated out include medicines from your First Aid kits and batteries.



### **Step 5** Provide an annual training to all employees and volunteers that covers the location of the caches, their contents, and how to use them.

# AGENCY Go-KITS

## STANDARD

- Vital information is backed up and accessible.

## INDICATOR

- Copy and place critical documents, contact information of key employees, and the emergency operations plan in an Agency Go-Kit.
- At least one copy of the Agency Go-Kit is stored in an off-site location.
- All staffers are aware of the Agency Go-Kit and its location within the office.
- Back up critical client and billing data in a secure, off-site location, preferably out of state.



# AGENCY GO-KITS

If you suddenly had to evacuate your facility, would your organization be able to recover quickly? Creating an easily portable Agency Go-Kit will help your organization operate wherever you go and reduce barriers to getting back to business as usual.

## Step 1 Create Agency Go-Kits

Creating an easily portable Agency Go-Kit helps your organization operate wherever you go and makes it easier to return to normal operations.

It is a good idea to create **two kits per facility**—one that is kept on-site and one back-up kit that is securely stored off-site.

Gather the following documents and supplies:

- ☐ Copies of vital documents on a “flash” or “jump” drive and a hard copy
- ☐ Agency disaster plan
- ☐ Bank information (encrypted account numbers, personnel contacts)
- ☐ Copies of contracts with vendors, along with contact information
- ☐ Copy of organization credit cards (front and back of card)
- ☐ Calling card
- ☐ Cash, including coins for phone
- ☐ Copies of deed or lease for your facilities
- ☐ Emergency line of credit documentation
- ☐ Emergency contact information for your staff and key contacts
- ☐ King County Healthcare Coalition Disaster Response Book
- ☐ Insurance documentation
- ☐ Legal documentation (taxpayer ID number, evidence of tax exemption status, copy of Washington State business license)
- ☐ Memoranda of Understanding (MOUs)
- ☐ Pen and paper
- ☐ Small supply of company checks and deposit slips



Need an easy way to remember to update your disaster supplies caches and Agency Go-Kits? Do what fire departments recommend for changing smoke detector batteries: Schedule checks when daylight savings time begins and ends.

## AGENCY GO-KITS



### Step 2 Purchase a storage container for each kit.

Because the Agency Go-Kit needs to be portable, a backpack, duffel bag, or hard-sided briefcase are good choices. If the kit has a key or combination lock, make sure **at least two people** in the organization have a key or the combination memorized.

Finally, protect the documents that are in your kit from being damaged by placing them in one gallon or smaller Ziploc-type bags.



### Step 3 Store your kits.

There are two primary issues to consider when choosing locations to store your kits:

1. Accessibility is critical. Your staff may have less than a minute to evacuate in some situations, such as a fire or toxic spill. The kit must be placed in an area that is known by, and physically accessible to, your organization's leadership. When considering where to store your off-site kit, the same issues of accessibility and location apply.
2. The kit will contain cash and some information (such as encrypted account numbers) that you will want to keep secure. To balance security with accessibility you may want to keep your kits in an "employee only" area or, as mentioned above, use a container with a lock.



### Step 4 Implement the following three rules to ensure that your organization receives the maximum benefits from your Agency Go-Kits.

#### Rule 1: Ensure that your staff understand the purpose of the kits.

- Include Agency Go-Kit policies and procedures in your emergency operations plans and other applicable agency manuals.
- Train staff in Agency Go-Kit policies and procedures as part of employee orientation and annual safety training.

#### Rule 2: Keep the kits updated.

- As you are updating your organization's paper and electronic files, make it a business practice to update the documents in your kits. Trade out



old documents, such as insurance policies, emergency contact information, leases, and emergency operations plans. Add new documents such as MOUs.

- Schedule a twice-yearly review of kit contents to ensure that the information is up-to-date. Remember, your kits are only as useful as the accuracy of their contents!

### **Rule 3: Conduct regular agency disaster drills.**

- As part of testing your evacuation plan, make sure that procedures for retrieving your on-site kit are followed.
- Debrief with drill participants to determine what went well and what should be improved. This is a great way to uncover issues with the kit's evacuation instructions, procedures, storage location, or container.



### **Step 5 Develop and document a back-up system for critical client information and billing data.**

The plan should make certain that data are in a secure, off-site location such as a bank safe deposit box. If possible, the plan might include having information stored on a secure server located out of state.





# FACILITY PREPAREDNESS

## STANDARD

- Physical safety of facility is addressed (hazard reduction and mitigation).
- Evacuation routes and exit signs are clearly marked and posted throughout the facility.

## INDICATOR

- Agency has conducted a hazards and vulnerability analysis of all facilities.
- Agencies have taken action to minimize facility risks to staff, volunteers, and clients.



## FACILITY PREPAREDNESS

### Step 1 Purchase supplies for securing your facility.

- ☐ Earthquake putty (also called museum wax): holds delicate items in place
- ☐ Straps: brace heavy furniture and large items in place
- ☐ Safety hooks: stop pictures, clocks, and mirrors from falling
- ☐ Cabinet latches: keep items from falling out and breaking



### Step 2 Complete tasks then document on the following form.

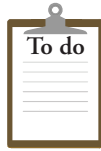


Assigned to	Date completed
Bolt heavy cabinets, bookshelves, and other furniture to wall studs.	
Strap computers, fax machines, printers, and other equipment to desk or tables.	
Secure pictures and other wall hangings by using safety hooks.	
Clear exits, pathways, and earthquake-safe spaces.	
Fasten breakables to walls or shelves with earthquake putty.	
Move heavy items to bottom shelves.	
Remove fire and chemical hazards.	
Install smoke detectors, fire extinguishers, and cabinet latches.	
Create and store a conveniently located set of tools to facilitate prompt gas shut-off. Tools should include both pipe and crescent wrenches.	

Use a United Way Day of Caring volunteer team to do mitigation activities such as conducting a “hazard hunt,” strapping down electronic equipment, bolting tall furniture, and putting safety latches in cabinets.

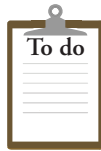


## FACILITY PREPAREDNESS



### Step 3 Sketch your facility and note vital emergency resources.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Fire extinguishers | <input type="checkbox"/> First Aid supplies | <input type="checkbox"/> Escape routes |
| <input type="checkbox"/> Go-Kits            | <input type="checkbox"/> Water shut-off     | <input type="checkbox"/> Generator(s)  |
| <input type="checkbox"/> Tool kits          | <input type="checkbox"/> Gas shut-off       | <input type="checkbox"/> Document safe |
| <input type="checkbox"/> Supply caches      | <input type="checkbox"/> _____              | <input type="checkbox"/> _____         |
| <input type="checkbox"/> _____              | <input type="checkbox"/> _____              | <input type="checkbox"/> _____         |



### Step 4 Mark your safety and preparedness tools; document completion of tasks on the following form.

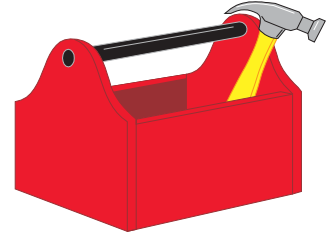
Make preparedness visible! Clear and visible signs that indicate the location of safety tools, exits, supplies, and emergency instructions increase safety at your facility. Signs can be downloaded for no charge at [www.firstvictims.org/tools](http://www.firstvictims.org/tools).

Assigned to		Date completed
Label fire exits and safety supplies.		
Clearly mark your gas and water shut-off valves. Post clear simple instructions for shutting off each one. (Signs should include all necessary languages.)		

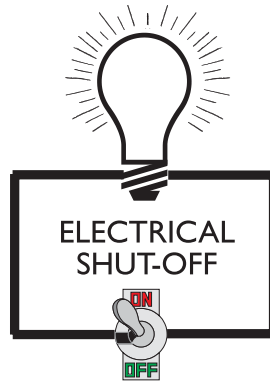
## FACILITY PREPAREDNESS



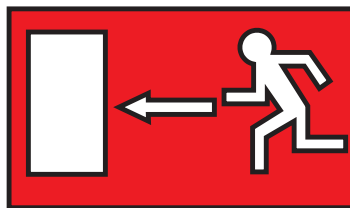
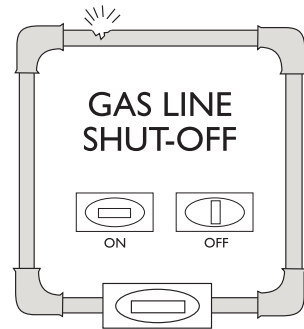
Tool Box Lives Here



WATER SHUT-OFF



IN CASE OF GAS LEAK







# EVACUATION

## STANDARD

- Facility and staff are prepared for an evacuation.

## INDICATOR

- Staff and volunteers are familiar with the evacuation protocols and know where to rally after evacuating the facility.



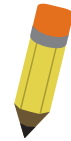


## EVACUATION

Fire, hazardous material spills, or structural damage may require evacuation of your building. Make sure you can get people safely from your location to an alternative site.

### Step 1 Evaluate your client and staff evacuation needs.

Does your organization have clients or staff who will need assistance evacuating your facility? ☐ Yes ☐ No



If yes

- Assign staff or volunteers to help these clients and staff.
- Have available any assistive aids or devices necessary to help with their evacuation.
- Complete the following forms.

Assistive aids on-site	Location	Quantity
<i>Example: evacuation chairs</i>	<i>3rd floor staff lounge</i>	<i>3</i>

## EVACUATION

Assistive aids needed	Quantity
<i>Example: emergency floor lighting</i>	<i>10 fixtures</i>



### Step 2 Include these key steps and policies in your written evacuation plan:

Included in plan?	Yes	No
If your facility must be evacuated, assign a staff person the responsibility of taking a head count to ensure all staff, volunteers, and clients have exited ( <i>examples: create a floor warden program; make it a responsibility of supervisors</i> ).	<input type="checkbox"/>	<input type="checkbox"/>
Designate a rally point that is at least 500 feet from facility where all occupants will meet after evacuating the facility.	<input type="checkbox"/>	<input type="checkbox"/>
Practice the evacuation plan regularly, including practices that are not pre-announced to staff or clients.	<input type="checkbox"/>	<input type="checkbox"/>

# EVACUATION

Included in plan?	Yes	No
Train all staff annually on the evacuation plan.	<input type="checkbox"/>	<input type="checkbox"/>
Ensure that retrieving the Agency Go-Kit is included in the plan.	<input type="checkbox"/>	<input type="checkbox"/>
Post a notice on entrance doors indicating where you have gone.	<input type="checkbox"/>	<input type="checkbox"/>

## Step 3 Plan for relocating services for the short and long term.

The following are recommendations for organizations that will need to continue to care for and shelter the people they serve in the event of a short or an extended evacuation (*for example, adult family homes or behavioral health residential programs*).



- 1 Locate and secure (by Memoranda of Understanding, if possible) a temporary shelter to be used, such as a local place of worship, community center, school, or other residential facility.

Temporary shelter name \_\_\_\_\_

Address \_\_\_\_\_

Contact name \_\_\_\_\_

Office phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Emergency phone \_\_\_\_\_

MOUs signed? (If yes, include copies in Agency Go-Kits.) ☐ Yes ☐ No

- 2 Create a phone list and a system for letting the authorities, family, and friends know where you are sheltering your clients. Note: Update at least quarterly, place “date created” on all lists, and include latest version in Agency Go-Kits.



King County offers a Road Closure e-mail alerting system that has proved extremely useful. Please subscribe yourself and other interested parties at your facility. To subscribe, visit [www.metrokc.gov/kcdot/roads/roadalert/Subscriptions.aspx](http://www.metrokc.gov/kcdot/roads/roadalert/Subscriptions.aspx).

## EVACUATION

- 3** Designate and identify alternative transportation for moving your clients and staff to your temporary shelter or to clients' homes, if necessary.

Alternate transportation \_\_\_\_\_

Contact name \_\_\_\_\_

Office phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Emergency phone \_\_\_\_\_

MOUs signed? (If yes, include copies in Agency Go-Kits.) ☐ Yes ☐ No

- 4 Create a list indicating the items and services your clients will need that may not be available in the temporary shelter.

[illegible]

## EVACUATION

- 5 What actions can you take now to ensure those items and services will be available in a temporary shelter?

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- 6 Develop a policy and procedure for ensuring a copy of medical records is available for all relocated residents.

**Step 4** Update your emergency operations plan to include the worksheets and policy information you created in this section.









# FINANCIAL RESILIENCY

## STANDARD

- Financial vulnerabilities have been addressed and mitigated.

## INDICATOR

- Line of credit or other payment agreements are established and maintained.
- Organization is insured at an adequate level.



## FINANCIAL RESILIENCY

Make sure you know your financial assets, limitations, and commitments.

During the response and recovery phases of a major disaster, you may find your organization experiencing significant financial impacts, such as increased staff costs (for example, extensive overtime or an increase in the number of staff needed per shift), procurement of emergency equipment, and facility repair. It is a good idea for your organization to be aware of the cost of normal operations, and to make an estimate of cost increases that might arise from an emergency. You should also become familiar with eligibility and other prerequisites for aid and reimbursement from agencies such as the Federal Emergency Management Agency (FEMA).

**Step 1 Spend some time researching FEMA at their Web site**  
**[www.fema.gov](http://www.fema.gov)**



**Step 2 Consider your organization's financial resiliency by exploring the following questions with your organizational management staff and key stakeholders:**



How much cash does your organization keep in "petty cash?" \_\_\_\_\_

Does it include \$15–\$20 in coins for pay phones? ☐ Yes ☐ No

What credit cards does the organization have? \_\_\_\_\_

Where are they? \_\_\_\_\_

What are the limits of each? \_\_\_\_\_

Who can sign on each? \_\_\_\_\_

Do they have emergency credit extensions? \_\_\_\_\_

Does your organization have a line of credit ☐ Yes ☐ No  
immediately available?

Who can access the money? \_\_\_\_\_

Is your organization adequately insured for damage ☐ Yes ☐ No  
incurred by likely disasters in our region?

What are the limitations of the policies? \_\_\_\_\_

## FINANCIAL RESILIENCY

Does your Agency Go-Kits contain the latest versions of

Insurance policies ☐ Yes ☐ No

Facility deed or lease ☐ Yes ☐ No

Bank information, including personnel contacts and encrypted account numbers ☐ Yes ☐ No

Legal identification, such as taxpayer ID and evidence of exemption status ☐ Yes ☐ No

Memoranda of Understanding (MOUs)? ☐ Yes ☐ No



**Step 3** After considering the answers to these questions, create a plan with the goal of strengthening your organization's financial resiliency within six months.

## Financial resiliency plan

[illegible]

# COMMUNICATION

## STANDARD

- Multiple communication tools are identified and established in order to contact internal and external stakeholders.

## INDICATOR

- Agency has emergency, after-hours contact information for all staff.
- Communication is carried both up and down the agency's chain-of-command.
- Clients/community know if they can or cannot go to your agency for information or resources.



Make sure you can communicate with staff, funders, the community, and the people you serve in an emergency. Communication will make or break a disaster response. From a simple note on the door identifying your new location to a Public Information Officer correcting news reports about your agency, communication is the key to letting people make the right decisions.

**Step 1** Answer the questions below with your management team and use the information to draft an emergency communication plan.



### Regarding general public and media

1. How will staff receive critical information about the status of your organization during an emergency? (*examples:* employee emergency hotline, Web site and/or Intranet, radio or TV news reports, communication tree)
2. How will the people you serve receive critical information about the status of your organization during an emergency? (*examples:* electronic, verbal, in-person, recorded message, sign on door)
3. Who approves the messaging? Does s/he have a designated back-up?
4. Who is authorized to communicate the information? Does s/he have a designated back-up?
5. How will you find out about the condition of the people you serve who are off site?
6. How will you be able to deliver critical information to the people you serve in the languages they understand?

### Regarding staff and clients

1. Who develops and who approves messaging about
  - agency operational status
  - damage assessment
  - services offered or changed
  - funds needed
  - volunteers needed
  - other needs.
2. Who communicates the message?
  - Are they properly trained?
  - Are the messages they share consistent?

## COMMUNICATION

Which communication tools does your facility have?

	Have	Need		Have	Need
Bulletin board/white board	<input type="checkbox"/>	<input type="checkbox"/>	Non-electric dependent telephones	<input type="checkbox"/>	<input type="checkbox"/>
CB Radios	<input type="checkbox"/>	<input type="checkbox"/>	Pagers	<input type="checkbox"/>	<input type="checkbox"/>
Cell phones	<input type="checkbox"/>	<input type="checkbox"/>	Palm Pilots/Blackberries	<input type="checkbox"/>	<input type="checkbox"/>
Digital telephones	<input type="checkbox"/>	<input type="checkbox"/>	Public signage	<input type="checkbox"/>	<input type="checkbox"/>
Satellite phones	<input type="checkbox"/>	<input type="checkbox"/>	Walkie-talkies	<input type="checkbox"/>	<input type="checkbox"/>
Ham radios	<input type="checkbox"/>	<input type="checkbox"/>	Whistles	<input type="checkbox"/>	<input type="checkbox"/>
Megaphones/bullhorns	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>



**Phone fact:** Keep a phone at home and work that does not require electricity. Cordless phones use electricity and will not work if the power is out.

What are the different methods you can use for communicating with your community?

American Sign Language (ASL)	<input type="checkbox"/>	Language translators	<input type="checkbox"/>
Door-to-door canvassing	<input type="checkbox"/>	Mailing lists, brochures, fliers	<input type="checkbox"/>
Home visits	<input type="checkbox"/>	Radio	<input type="checkbox"/>
Digital telephones	<input type="checkbox"/>	Television	<input type="checkbox"/>
Email and listservs	<input type="checkbox"/>	Web sites	<input type="checkbox"/>
Fact sheets or FAQs	<input type="checkbox"/>	In-person events, workshops, classes	<input type="checkbox"/>
Fax machines/WinFax	<input type="checkbox"/>	Other	<input type="checkbox"/>
Information lines (e.g., 1-800 numbers)	<input type="checkbox"/>	Other	<input type="checkbox"/>



### Step 2 Create an Emergency Communication Tree

A communication tree is designed so that critical information is efficiently gathered and/or disseminated to key members of the organization. In an emergency, the person at the top of the tree will correspond, via phone or e-mail, with the people listed below them on the “tree.” That person then



## COMMUNICATION

contacts the next person below them on the tree, and so on until the loop is closed when the last people on the list contact the person on the top of the tree.

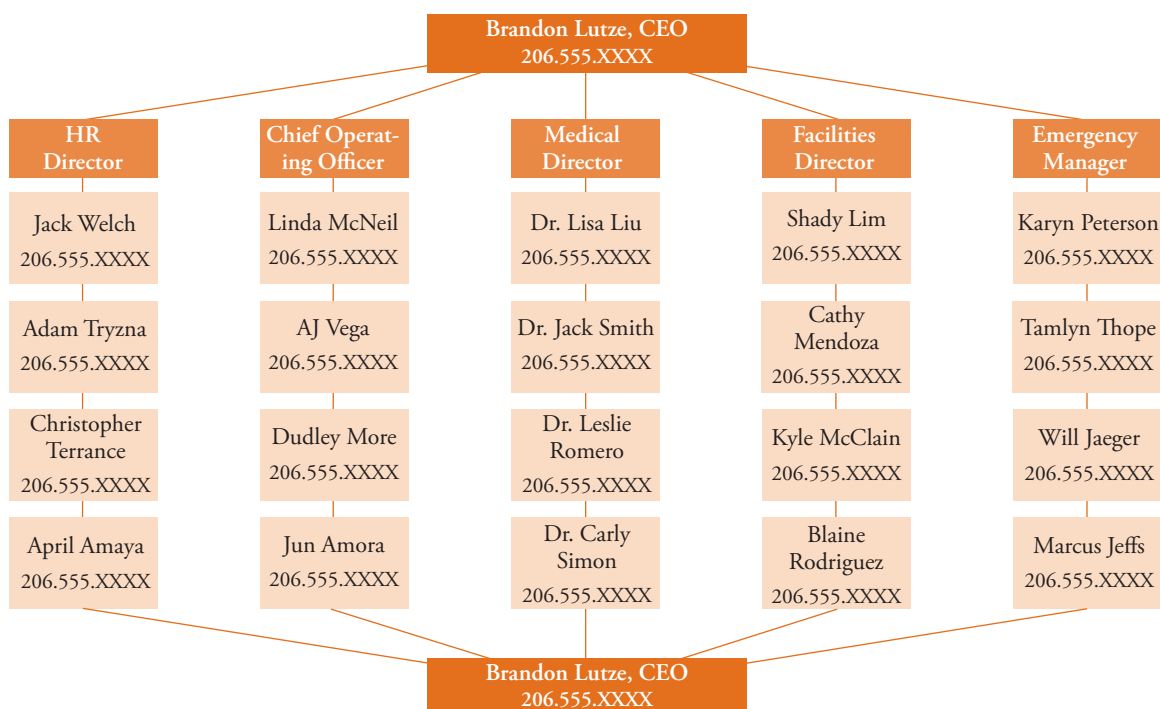
If someone on the list attempts to contact a person below them but is not able to reach him or her, that person will move to the next one on the list. Once they reach the next person, they must inform that member that a previous person on the list was not reached. This information continues to get carried down the tree until it reaches the top person on the list.

Phone tree members might include

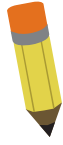
- Chief Executive Officer/  
Executive Director
- Medical Director
- Clinic Manager
- Nurse Manager
- Clinical Director
- Facilities Manager
- Human Resource Director
- Board President/Chair
- Chief Operating Officer
- Information Technology Manager
- Chief Financial Officer/Controller
- Volunteer Manager

**Note:** Planning for communication with all members of your staff may require a more complex phone tree.

Example of a phone tree



## COMMUNICATION



### Step 3 Create an emergency contact list.

It's important to ensure that you can communicate with staff, clients, funders, and your community during an emergency. Start by completing and regularly updating your agency contact list.

#### Staff Members

Name	Office Phone	Cell Phone	Home Phone

COMMUNICATION

Board Members

Name	Office Phone	Cell Phone	Home Phone

## COMMUNICATION

### Volunteers

Name	Office Phone	Cell Phone	Home Phone

# COMMUNICATION

## Other Key Contacts

Name	Office Phone	Cell Phone	Home Phone

**Step 5** Place Emergency Communication Tree and emergency contact list into your Agency Go-Kits.

**Step 6** Incorporate this information into your written emergency operations plan.







# MAPPING COMMUNITY RESOURCES

## STANDARD

- Local emergency service providers are familiar with your staff and knowledgeable of your agency.
- External organization(s) will provide your agency with assistance, support, and/or resources in event of a disaster.

## INDICATOR

- The names and contact information for emergency providers is gathered and accessible to staff and volunteers.
- Agency has identified and mapped community assets.





# MAPPING COMMUNITY RESOURCES

In an emergency, the resources in your neighborhood may be the only ones you have! Mapping the location and collecting up-to-date contact information for these resources is highly recommended.

## Step 1 List critical resources in your community

The following is a list by category of the type of community resources that we recommend your organization map within your vicinity. Contact your local police and fire department to make sure they are familiar with your staff and agency.



## Step 2 Create a map

Once you have completed this worksheet, post a large, easy-to-read map of your neighborhood identifying these resources.



	Facility	Address	Telephone
Medical	<i>Hospital Name</i>		
	<i>Medical Clinic Name</i>		
	<i>Pharmacy Name</i>		
	<i>Other Medical Facility</i>		

	Services	Address	Telephone
Fire and Safety	<i>Fire Station</i>		
	<i>Police Station</i>		
	<i>City Hall</i>		
	<i>Other</i>		

## MAPPING COMMUNITY RESOURCES

Sheltering or Possible Gathering Points	Resources	Address	Telephone
	Community Center		
	Public School Name		
	Shelter Name		
	Public Library Branch		
	Park Name		
	Gymnasium Name		
	Place of Worship Name		
	Other Locations		

Food and Water	Establishments	Address	Telephone
	Grocery Store Name		
	Convenience Store Name		
	Restaurant Name		
	Other		

## MAPPING COMMUNITY RESOURCES

Hardware and Supplies	Business Name	Address	Telephone
	<i>Hardware Store Name</i>		
	<i>Army/Navy Surplus Store</i>		
	<i>Sports/Camping Store</i>		
	<i>Dollar Store Name</i>		
	<i>Gas Station Name</i>		
	<i>Other Supply Name</i>		

Generator Services	Facility Name	Address	Telephone
	<i>Generator Rental/Lease</i>		
	<i>Generator Purchase</i>		
	<i>Generator Borrow</i>		
	<i>Generator Maintenance</i>		
	<i>Generator Fuel</i>		
	<i>Other</i>		

## MAPPING COMMUNITY RESOURCES

Transportation	Facility Name	Address	Telephone
	<i>Metro Park &amp; Ride Lot</i>		
	<i>Taxi Company</i>		
	<i>Car Rental Company</i>		
	<i>Bus Stop</i>		
	<i>Other</i>		

Communication	Resources	Address	Telephone
	<i>Coin-Operated Pay Phone</i>		
	<i>Other</i>		



Phone Fact: Pay phones are part of the emergency services network and are a priority to be restored to service. Tape coins or a pre-paid calling card on your out-of-area contact card.



# MEMORANDA OF UNDERSTANDING

## STANDARD

- External organization(s) will provide your agency with assistance, support, and/or resources in event of a disaster.

## INDICATOR

- The assistance, support, and/or resources agreed upon are reasonable and realistic.



# MEMORANDA OF UNDERSTANDING (MOU)

MOUs are critical to ensuring business resiliency. MOUs can be established for arrangements such as mutual aid (that is, giving or sharing resources between organizations in an emergency) or securing a temporary shelter location if emergency evacuation is ever required. Develop MOUs with organizations now, **before** an emergency occurs.

**Step 1** Identify neighboring healthcare providers or businesses you can work with in an emergency. You may be able to share resources, cooperate to maintain operations, and help one another ensure the care of the people you serve.



Organization \_\_\_\_\_

Phone \_\_\_\_\_

Organization \_\_\_\_\_

Phone \_\_\_\_\_

Organization \_\_\_\_\_

Phone \_\_\_\_\_

Organization \_\_\_\_\_

Phone \_\_\_\_\_

Organization \_\_\_\_\_

Phone \_\_\_\_\_

**Step 2** Contact providers and businesses from this list and inquire about interest in drafting an MOU between organizations.



**Step 3** Organizations should consider the following areas when developing an agreement.



## Purpose and scope

What do you want to accomplish in this agreement?

Why is this agreement necessary?

What is the range of incidents in which this agreement will be applicable?

Who are the parties to the agreement?

# MEMORANDA OF UNDERSTANDING (MOU)

## References and authorities

Are there any existing statutes or regulations that authorize or limit such agreements?

Are there any prior agreements between these parties?

What is the effect of this agreement on previous agreements?

## Definitions

Is there a common understanding of terms?

## Roles and responsibilities

What are the roles of each party?

What are the responsibilities of each party?

Who can activate this agreement?

## Mediation/dispute resolution

In the event they arise, how will disputes be resolved?

## Training and exercises

Do you want to include training and exercise requirements in this agreement?

## Liability and insurance

Who is liable for what? How will any claims be filed?

- In most cases, agreements should indemnify parties from any liability from alleged negligence, except for cases of gross negligence and/or willful misconduct, occurring during a mutual response.
- Insurance, including workers' compensation insurance, should be required of all parties and insurers must be made aware of such agreements.

## Limitations

Under what circumstances would a participant's obligation be limited?



# MEMORANDA OF UNDERSTANDING (MOU)

## License, certificate, and permit portability

Will you allow the licensure, certification, or permits from another organization to be accepted in your own?

## Reimbursement

Who is responsible for paying for specific resources?

What expenses are eligible for reimbursement?

What triggers the reimbursement provision of the agreement?

## Severability

How do parties leave parts of the agreement while leaving the rest of the agreement intact?

If one section of the agreement is found invalid or unattainable, do you want the rest of it to remain in full force?

## Terms and conditions

How long will this agreement be in place? How will this agreement be renewed?

**Step 4** Draft an agreement that satisfies all parties' interests and consider having an attorney for each organization review the agreement prior to signing.



# MEMORANDA OF UNDERSTANDING (MOU)

The sample below represents an example of many of the categories listed above. Note that there is no set format, order, or required language in developing agreements.

## Sample Memorandum of Agreement

Transportation services for evacuation of licensed care facility in times of emergencies

Between

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*licensed care facility*

And

---

*transportation company*

**1. Purpose** The purpose of this Memorandum of Agreement (MOA) is to establish a mechanism whereby a transportation company agrees to transport, in good faith, residents and employees of licensed care facilities which must be evacuated during emergencies.

### 2. Description

---

*licensed care facility* intends to enter into a MOA with transportation company (Company) to provide reasonable transportation services, to support an evacuation in a pending or actual disaster, or as needed to respond to other incidents. The following list is representative of, but not limited to, the principle tasks the transportation company might be activated to accomplish:

- a. Transport residents and staff from current licensed care facility to alternative site.
- b. Adapt for different transportation requirements, depending on needs of residents (wheelchair only, bedridden, mobility challenged, etc.).
- c. When necessary, transport residents and staff back from alternative site to current licensed care facility.

**3. Deployment Activation** This Agreement may be activated only by notification by the designated Licensed Care Facility Incident Commander or his/her

## MEMORANDA OF UNDERSTANDING (MOU)

designees. Deployment activation, pursuant to this MOA, may occur at any time, day or night, including weekends and or holidays.

Upon acceptance of deployment activation, the Transportation Company must be in route to the designated location within two (2) hours from the time it receives the official deployment notification from Licensed Care Facility. For reimbursement purposes, the mission will start when the Transportation Company's personnel leaves their business (or bus staging area) and will conclude at the time the personnel returns to their personnel or bus drop-off area after Licensed Care Facility issues a demobilization order or the terms of the deployment authorization have been met.

### 4. Terms

- a. This Agreement shall be in full force and effect through the date of execution and ending in December 2009, but will be renewed automatically unless terminated pursuant to the terms hereof.
- b. The Transportation Company personnel who respond must be in good standing with the company, and be up to date on all requisite licensing and permitting.
- c. The Company and all its deployed personnel must abide by all federal, state, and local laws.
- d. The Company will only deploy staff upon receipt and under the terms of the official deployment notification(s) as described in Section 3.
- e. The provider must assure detailed records of expenditures and time spent by deployed staff are complete, accurate, and have adequate supporting documentation.

**5. Funding** In the event that this Agreement is activated in response to a pending or actual disaster, the Company may invoice the Licensed Care Facility as follows:

- Standard labor rate of \$\_\_\_\_\_ for driver(s), plus overtime at 1 ½ times the established rate for any hours worked over 8 within each 24 hour period.
- No fringe benefit cost will be reimbursed.
- Mileage from deployment site and return at a rate per mile as \$\_\_\_\_\_ per mile.

## MEMORANDA OF UNDERSTANDING (MOU)

### 6. Method for Reimbursement

- a. The Licensed Care Facility will provide a method for submitting the required information for invoicing as part of the initial notification.
- b. The provider must submit accurate paperwork, documentation, receipts, and invoices to Licensed Care Facility within 30 days after demobilization.
- c. If Licensed Care Facility determines that the provider has met all requirements for reimbursement, they will reimburse the company within 30 days of receiving a properly executed and accurate invoice with the required paperwork and documentation.

**7. Resource Estimates** In order for the Licensed Care Facility to properly plan for staff availability for disaster response, the Company estimates the following resources which could be made available by the Company:

	Number of vehicles	Type of vehicles
Licensed drivers		
Regular transportation vehicles		
special needs vehicles		

**8. Contract Claims** This Agreement shall be governed by and construed in accordance with the laws of the State of Washington as interpreted by the Washington courts. However, the parties may attempt to resolve any dispute arising under this Agreement by any appropriate means of dispute resolution.

**9. Hold Harmless/Indemnification** The Transportation Company will hold harmless and indemnify the Licensed Care Facility against any and all claims for damages, including but not limited to all costs of defense including attorneys fees, all personal injury or wrongful death claims, all worker's compensation claims, or other on-the-job injury claims arising in any way whatsoever from the transportation of the Licensed Care Facility's residents and clients at any location.

**10. Acceptance of Agreement** A Transportation Company offering to enter into this MOA shall fully complete this MOA with the information requested herein, sign two originals of a fully completed MOA, and send both via regular U.S. mail to:

# MEMORANDA OF UNDERSTANDING (MOU)

Contact Name  
Licensed Care Facility Name  
Address  
City, State, ZIP

As noted by the signature (below) of the Transportation Company or its authorized agent, the Company agrees to accept the terms and conditions as set forth in this Agreement, agrees to abide by the requirements for reimbursement and waives the right to file a claim to be reimbursed for any amount above the payment schedule amount, as outlined herein. All amendments to this MOA must be in writing and agreed to by the Transportation Company and the Licensed Care Facility.

## Transportation Company

\_\_\_\_\_  
*company name*

\_\_\_\_\_  
*business address*

\_\_\_\_\_  
*phone number*

\_\_\_\_\_  
*fax number*

## Emergency Contact (for after-hours emergencies)

\_\_\_\_\_  
*contact name*

\_\_\_\_\_  
*phone number*

\_\_\_\_\_  
*fax number*

\_\_\_\_\_  
*cell number*

\_\_\_\_\_  
*e-mail*

## Signature (of company representative or authorized agent)

\_\_\_\_\_  
*signature*

\_\_\_\_\_  
*date*

\_\_\_\_\_  
*printed name*

\_\_\_\_\_  
*title*

## Licensed Care Facility

\_\_\_\_\_  
*facility name*

\_\_\_\_\_  
*signature*

\_\_\_\_\_  
*date*

\_\_\_\_\_  
*printed name*

\_\_\_\_\_  
*title*





# STANDARDS & INDICATORS CHECKLIST





## STANDARDS & INDICATORS LIST

### Essential Services and Critical Functions

#### Standard

- Essential functions and services are identified.
- The process for developing the emergency operations plan is participatory and utilizes input from staffers, stakeholders, and partners.

#### Indicator

- Agencies have thoroughly assessed their services, client, community needs, and internal capacities.
- Staff, stakeholder, and partner participation in developing the emergency operations plan is encouraged.
- Key vendors are identified.
- Resources are prioritized for procurement.

### Personnel

#### Standard

- Staff and volunteers are personally prepared.

#### Indicator

- Personal preparedness trainings and information are routinely available to staff and volunteers.
- There is a system in place to train new staff and volunteers in principles of personal preparedness.
- Ensure all staff receive personal emergency preparedness training.

### Surge Capacity

#### Standard

- Impact of a surge in need for services is identified and planned for.

#### Indicator

- Emergency staffing plan is included in emergency operations plan.
- Mutual aid agreements are in place with partner organizations.

## STANDARDS & INDICATORS LIST

### **Incident Command System (ICS)**

#### Standard

- Staff roles and responsibilities are assigned using the Incident Command System (ICS).

#### Indicator

- Work is prioritized, managed by objective, and coordinated by strengths/expertise.
- There is little or no duplication in activities.

### **Emergency Supply Caches**

#### Standard

- Food, water, and sanitation supplies are easily accessible.
- All staff and volunteers know where emergency supplies are located.

#### Indicator

- Estimates for number of staff and clients likely to be present at given times have been made for all programs.
- Supplies are matched to maximum number.
- Roles and responsibilities for sheltering-in-place are established.

### **Agency Go-Kits**

#### Standard

- Vital information is backed up and accessible.

#### Indicator

- Copy and place critical documents, contact information of key employees, and the emergency operations plan in an Agency Go-Kit.
- At least one copy of the Agency Go-Kit is stored in an off-site location.
- All staffers are aware of the Agency Go-Kit and its location within the office.
- Back up critical client and billing data in a secure, off-site location, preferably out of state.

## STANDARDS & INDICATORS LIST

### **Facility Preparedness**

#### Standard

- Physical safety of facility is addressed (hazard reduction and mitigation).
- Evacuation routes and exit signs are clearly marked and posted throughout the facility.

#### Indicator

- Agency has conducted a hazards and vulnerability analysis of all facilities.
- Agencies have taken action to minimize facility risks to staff, volunteers, and clients.

### **Evacuation**

#### Standard

- Facility and staff are prepared for an evacuation.

#### Indicator

- Staff and volunteers are familiar with the evacuation protocols and know where to rally after evacuating the facility.

### **Financial Resiliency**

#### Standard

- Financial vulnerabilities have been addressed and mitigated.

#### Indicator

- Line of credit or other payment agreements are established and maintained.
- Organization is insured at an adequate level.

### **Communication**

#### Standard

- Multiple communication tools are identified and established in order to contact internal and external stakeholders.

#### Indicator

- Agency has emergency, after-hours contact information for all staff.
- Communication is carried both up and down the agency's chain-of-command.

## STANDARDS & INDICATORS LIST

- Clients/community know if they can or cannot go to your agency for information or resources.

### **Mapping Community Resources**

#### Standard

- Local emergency service providers are familiar with your staff and knowledgeable of your agency.
- External organization(s) will provide your agency with assistance, support, and/or resources in event of a disaster.

#### Indicator

- The names and contact information for emergency providers is gathered and accessible to staff and volunteers.
- Agency has identified and mapped community assets.

### **Memoranda of Understanding (MOU)**

#### Standard

- External organization(s) will provide your agency with assistance, support, and/or resources in event of a disaster.

#### Indicator

- The assistance, support, and/or resources agreed upon are reasonable and realistic.

## CHECKLIST

Track your progress by using this handy check list to mark a section done as you complete it.

- ☐ Essential Services and critical Functions
- ☐ Personnel
- ☐ Surge Capacity
- ☐ Incident Command System
- ☐ Emergency Supply Caches
- ☐ Agency Go-Kits
- ☐ Facility Preparedness
- ☐ Evacuation
- ☐ Financial Resiliency
- ☐ Communication
- ☐ Mapping Community Resources
- ☐ Memoranda of Understanding



## Final Step Keep your emergency operations plan current.

## Emergency Operations Plan Tracking Form

Plan created \_\_\_\_\_  
(month/day/year)

Created by

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Emergency Operations Plan to be reviewed and updated every six months.

[illegible]